

## Alcohol License Flex Payment Program



The City of Smyrna has created a flex payment program for the renewal of alcohol pouring licenses to assist locally owned and operated restaurants or businesses with alcohol pouring licenses who have experienced business interruption due to the COVID-19 public health emergency. The program will allow eligible licensed establishments to break their renewal payments into installments to spread repayment across several months.

Each business requesting to participate in this program MUST complete this application. All applications submitted by the deadline that meet the requirements will be considered. Prior to applying, please review the information on page 2 to ensure proper receipt of your application.

All applications and attachments must be emailed to Kelly Moon at [kmoon@smyrnaga.gov](mailto:kmoon@smyrnaga.gov) or delivered to Community Development Department at Brawner Hall (3180 Atlanta Road, Smyrna, GA, 30080) by 5:00 p.m. on Friday, January 29, 2021, to be considered.

### GENERAL BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Business Fax No.: \_\_\_\_\_

Business ID#: \_\_\_\_\_

### OWNERS INFORMATION

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone No.: \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Estimated Annual Gross Receipts: \_\_\_\_\_

This business has the following pouring licenses (please select all applicable pouring licenses):

- Beer \_\_\_\_\_
- Wine \_\_\_\_\_
- Liquor \_\_\_\_\_
- Sunday Sales \_\_\_\_\_
- Extended Hours \_\_\_\_\_
- Cigar Specialty Shop \_\_\_\_\_
- Wine Specialty Shop \_\_\_\_\_
- Growler Specialty Shop \_\_\_\_\_
- Private Club \_\_\_\_\_
- Special Event Facility \_\_\_\_\_

## **Alcohol License Flex Payment Program**

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### **Please ensure that you meet all of the eligibility requirements for the program:**

- The business location must be within City of Smyrna City Limits;
- The business must have an active alcohol pouring license; and
- The business must have a business license issued by City of Smyrna; and
- The business must be current on all City property taxes and utility payments.

### **Please include the following documents with the application:**

- Completed application;
- Financial document showing the Gross Receipts from 2020 (This document is used for business license renewal and to determine fee); and
- The signed certification affidavit.

### **Program details:**

- Application must be received by 5:00 p.m. on Friday, January 29, 2021;
- Licensing fees may be broken into monthly payments (up to 5) between January 1, 2021 and May 31, 2021; and
- The full amount of the licensing fees must be paid by 5:00 p.m. on May 31, 2021.

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**Please send all documents to [kmoon@smyrnaga.gov](mailto:kmoon@smyrnaga.gov) or deliver to the Community Development Department at Brawner Hall (3180 Atlanta Road, Smyrna, GA 30080) by 5:00 pm on Friday, January 29, 2021.**

### **Disclaimer and Signature**

I have reviewed and will comply with the requirements of this program and the City of Smyrna Alcoholic Beverage Ordinance.

I certify that the information provided is correct to the best of my knowledge and that the business is locally owned and operated. I understand and agree to make records available for inspection as specified in the City of Smyrna Occupational Tax Ordinance and Alcoholic Beverage Ordinance.

The City of Smyrna reserves the right to reject any incomplete application.

### **Affidavit Verifying Veracity of Smyrna's Flex Payment Program**

**By executing this affidavit under oath, I do hereby swear under penalty of perjury that the representations and information as contained in this application are true and correct and that any misrepresentations or material omissions shall formulate a basis for denial of this application.**

**The undersigned hereby warrants and represents that the undersigned understands the questions contained herein and the responses provided thereto, and that the undersigned has had ample opportunity to seek independent advice related thereto.**

**Signature of Applicant**\_\_\_\_\_

**Date**\_\_\_\_\_

**Printed Name**\_\_\_\_\_